PTO/SB/17 (10-07) Approved for use through 06/30/2010. OMB 0651-0032

Under the Paperwork R	eduction Act of 199	5, no person are required to	U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE respond to a collection of information unless it displays a valid OMB control number.					
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Complete if Known					
					10/720,077-Conf. #4939			
FEE TRANSMITTAL			Filing Date		November 25, 2003			
For FY 2008			First Named Inv		Jong Seok KIM			
					. M. Heckert			
Applicant claims small entity status. See 37 CFR 1.27			Art Unit 1746					
TOTAL AMOUNT OF PAYMENT (\$) 630.00			Attorney Docket No. 0465-1081P					
METHOD OF PAYM	ENT (check all	that apply)						
Check Credit Card Money Order None Other (please identify):								
x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch,								
For the above-io	dentified deposit	account, the Director i	s hereby authorize	ed to: (check	call that apply)			
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCULATION	<u> </u>							
1. BASIC FILING, SEAF	•							
	FILIN	IG FEES. SE Small Entity	ARCH FEES Small Entity	EXAMIN	ATION FEES Small Entity			
Application Type	Fee (\$)	Fee (\$) Fee (\$		Fee (\$)	Fee (\$)	Fees Pa	id (\$)	
Utility	310	155 510	255	210	105			
Design	210	105 100	50	130	65			
Plant	210	105 310	155	160	80			
Reissue	310	155 510	255	620	310			
Provisional	210	105 0	0	0	0			
2. EXCESS CLAIM FEE	:S					Sı	nall Entity	
Fee Description						Fee (\$)	Fee (\$)	
Each claim over 20 (including Reissues)						50	25	
larera a companyone di comp						210	105	
Multiple dependent claims				370 185			185	
Total Claims Ex					ultiple Dependent Claims			
HP = highest number of total claims paid for, if greater than 20.		reater than 20.	<u>Fe</u>		<u>• (\$)</u>	Fee Paid (\$)		
_			Paid (\$)	· ·				
-=	x _		·					
HP = highest number of inde	ependent claims pai	d for, if greater than 3.	*					
3. APPLICATION SIZE								
If the specification and	I drawings exce	ed 100 sheets of paper application size fee do	(excluding electr	onically file	ed sequence or	computer		
sheets or fraction th	nereof. See 35 l	J.S.C. 41(a)(1)(G) and	.37 CFR 1.16(s)	ioi siliali cii	iity) ioi each a	uuitioliai 30		
Total Sheets	Extra Sheets		additional 50 or fra	ction thereof	Fee (\$)	Fee Pa	id (\$)	
- 100 =	-	/50 =				=		
4. OTHER FEES						Fees Pa	aid (\$)	
1402 Filing a brief in support of an appeal							510.00	
1251 Extension for	response with	nin first month				120.		
SUBMITTED BY		222	*					
Signature Registration No. (Attorney/Agent) 39,538					Telephone	(703) 205-8000		
Name (Print/Type) James	s T. Eller, Jr.	~ - , y	4 memely sain		Date N	November 26		

JTE/RJW:tm

